## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Human Rights Campaign PAC	C C00235853			
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y			
Full Name of Payee  Doyle Printing & Offset	Date of Public Distribution/Dissemination			
	03 01 2016			
Mailing Address 5206 46th Ave	Amount			
City State Zip Code	176.00			
Hyattsville MD 20781	Transaction ID : D623272 Date of Disbursement or Obligation			
Purpose of Expenditure Signage  Category/ Type	03 / 01 / 2016			
Name of Federal Candidate Support Office	e Sought: House District:00			
Hillary Rodham Clinton Oppose	President Senate State: TX			
Calendar Year-To-Date Per Election for Office Sought  Disbut 2959.34  Disbut 2016	ursement For:			
Full Name of Payee	Date of Public Distribution/Dissemination			
Doyle Printing & Offset	03 / 01 / 2016			
Mailing Address 5206 46th Ave	Amount			
City State Zip Code	176.00			
Hyattsville MD 20781	Transaction ID: D623273 Date of Disbursement or Obligation			
Purpose of Expenditure Signage  Category/ Type	03 01 2016			
Name of Federal Candidate Support Office	e Sought: House District: 00			
Hillary Rodham Clinton Oppose	President Senate State: MN			
Calendar Year-To-Date Per Election for Office Sought  Disb 2016	ursement For:			
<del>-</del>				
(a) SUBTOTAL of Itemized Independent Expenditures	352.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. James Rinefierd  [Electronically Filed] Date 03 01 2016				
Signature				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INDENT EXICIND	ITOTILO		PAGE 2 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Human Rights Campaign PAC				C C00235853
Check if 24-hour report 48-hour re	port New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date of	f Public Distribution/Dissemination
Doyle Printing & Offset				01 2016
Mailing Address 5206 46th Ave			Amoun	t
City	State	Zip Code		176.00
Hyattsville	MD	20781		ction ID : D623274 f Disbursement or Obligation
Purpose of Expenditure Signage		Category/ Type		03 01 2016
Name of Federal Candidate		X Support	Office Sought:	House District: 00
Hillary Rodham Clinton		Oppose	X Presider	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	7	1103.78	Disbursement 2016 Oth	For:
Full Name of Payee			Date of	f Public Distribution/Dissemination
Doyle Printing & Offset				03 01 2016
Mailing Address 5206 46th Ave			Amoun	ıt
City	State	Zip Code	-	176.00
Hyattsville	MD	20781		ction ID : D623275 f Disbursement or Obligation
Purpose of Expenditure Signage		Category/ Type		03 01 2016
Name of Federal Candidate		X Support	Office Sought	: House District: 00
Hillary Rodham Clinton		Oppose	X Presider	nt Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		1103.78	Disbursement 2016 Otl	For:
(a) SUBTOTAL of Itemized Independent E	xpenditures			352.00
				7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized			
Mr. James Rinefierd  Signature	[Electron	ically Filed] Date	03	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Execuon	Date	03	01 2010

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	I ENDITORIES	PAGE 3 OF 4 FOR SE OF FORM 24/48		
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
Human Rights Campaign PAC		C C00235853		
heck if X 24-hour report 48-hour report	New report Amends report	filed on M M / D D / Y Y Y Y		
Full Name of Payee Doyle Printing & Offset		Date of Public Distribution/Dissemination		
		03 01 7 2016		
Mailing Address 5206 46th Ave		Amount		
City State	e Zip Code	176.00		
Hyattsville MD	20781	Transaction ID : D623276 Date of Disbursement or Obligation		
Purpose of Expenditure Signage	Category/ Type	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
Hillary Rodham Clinton	Oppose	President Senate State: AL		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee		Date of Public Distribution/Dissemination		
Doyle Printing & Offset		03 01 7 2016		
Mailing Address 5206 46th Ave		Amount		
City State	e Zip Code	176.00		
Hyattsville MD	20781	Transaction ID : D623277  Date of Disbursement or Obligation		
Purpose of Expenditure Signage	Category/ Type	03 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
Hillary Rodham Clinton	Oppose	President Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	1103.78	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures				
(a) SUBTUTAL OF REMIZED INDEPENDENT Experiorities		352.00		
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>		
(c) TOTAL Independent Expenditures		<b>•</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. James Rinefierd Signature	[Electronically Filed] Date	03 01 2016		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	,	PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Human Rights Campaign PAC		C C00235853
		0 333333
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Doyle Printing & Offset		of Public Distribution/Dissemination
Mailing Address 5206 46th Ave	L	03 01 2016
0200 40017190	Amou	unt
City State Zip Code		175.99
Hyattsville MD 20781		saction ID : D623278 of Disbursement or Obligation
Purpose of Expenditure Signage Categor Typ	y/	03 01 2016
Name of Federal Candidate	Support Office Sough	ht: House District: 00
Hillary Rodham Clinton	Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought 1103.	Disbursemer 2016	nt For: X Primary General
Full Name of Payee	<u> </u>	of Public Distribution/Dissemination
	Г	M = M / D = D / Y = Y = Y
Mailing Address	Amou	
	Amou	unt
City State Zip Code	,	
	Date	of Disbursement or Obligation
Purpose of Expenditure Categor		M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office Soug	ht: House District:
	Oppose Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disburseme	nt For: Primary General
rei Liection for Office Sought		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	······	175.99
(b) SUBTOTAL of Unitemized Independent Expenditures		
		4 4
(c) TOTAL Independent Expenditures	······	1231.99
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Mr. James Rinefierd [Electronically Filed	Date 03	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		